Family Self-Sufficiency (FSS) **Program Contract of Participation**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0178 (exp. 07/31/2006)

, head of the FSS family.

_, Housing Agency (HA), and

Housing Choice Voucher Public and Indian Housing Programs

This Contract of Participation for the Family Self-Sufficiency (FSS)	Program is between
	The HA will give the f
The FSS family includes everyone in the household, and is referred to in this contract as "family".	FSS escrow account a
Type of FSS Program.	If the family is partioutside the HA's juris
The family is a participant in the:(Check only one)	the HA may transfer
Housing Choice Voucher (HCV) FSS Program	account to another H
Public Housing FSS Program	Withdrawal of Fund
Indian Housing FSS Program	The HA may permit to escrow account before
Purpose of Contract	completed specific i
The purpose of this contract is to state the rights and responsibilities of the family and the HA, the resources and supportive services to be provided to the family, and the activities to be completed by the family.	needs some of the F contract (example: to The HA will pay the h FSS escrow account,
Term of Contract	(1) the HA determin
This contract will be effective on	tract, and,
This contract will expire on The HA can extend the term of the contract up to 2 years if the family gives the HA a written request for an extension and the HA finds that good cause exists for the extension.	(2) at the time of co provides written the family is/rec tance, for the FS Federal or state v
During the term of the contract, the HA will try to provide the resources and services listed in the individual training and services plans. If the resources and services are not available, the HA will try to substitute other resources and services. However,	If the head of the fan family members may family member to rec
the HA has no liability to the family if the resources and services	Loss of FSS Escro
are not provided.	The family will not re
The HA will establish on ESS account for the family. A	(1) the contract of pa
The HA will establish an FSS escrow account for the family. A portion of the increases in the family's rent because of increases in earned income will be credited to the FSS escrow account in accordance with HUD requirements.	(2) the contract of pa(3) the family has no times specified a
Listed below are the family's annual income, earned income, and	Family Responsibi
family rent when the family begins the FSS program. These amounts will be used to determine the amount credited to the family's FSS escrow account because of future increases in earned income.	The head of the fam o Seek and maintai the job training properties of the services plan. The
Annual Income \$	family, will deter
Annual Income \$ Earned Income \$	the skills, educat available job opp
Family Rent (Total Tenant Payment or, for HCV	The head of the fam
program, 30% of monthly Adjusted Income)\$	decided, with HA agr

The HA will invest the FSS escrow account funds in HUDapproved investments.

The HA will give the family a report on the amount in the family's FSS escrow account at least once a year.

If the family is participating in the HCV program and moves outside the HA's jurisdiction under HCV portability procedures, the HA may transfer the balance of the family's FSS escrow account to another HA.

Withdrawal of Funds from FSS Escrow Account

The HA may permit the family to withdraw funds from the FSS escrow account before completion of the contract if the family has completed specific interim goals, designated by the HA, and needs some of the FSS escrow account funds to complete the contract (example: to pay for school costs).

The HA will pay the head of the family the amount in the family's FSS escrow account, less any amount owed to the HA, when:

- (1) the HA determines that the family has completed this contract, and,
- (2) at the time of contract completion, the head of the family provides written certification to the HA that no member of the family is receiving welfare assistance. Welfare assistance, for the FSS program, means income assistance from Federal or state welfare programs, and includes only cash maintenance payments designed to meet a family's ongoing basic needs

If the head of the family leaves the assisted unit, the remaining family members may, after consulting the HA, name another family member to receive the FSS escrow account funds.

Loss of FSS Escrow Account

The family will not receive the funds in its FSS escrow account if:

- (1) the contract of participation is terminated,
- (2) the contract of participation is declared null and void; or
- (3) the family has not met its family responsibilities within the times specified as stated in this contract.

Family Responsibilities

The head of the family must:

Seek and maintain suitable employment after completion of the job training programs listed in the individual training and services plan. The HA, after consulting with the head of the family, will determine what employment is suitable based on the skills, education, and job training of that individual and available job opportunities in the area.

The head of the family and those family members who have decided, with HA agreement, to execute an individual training and services plan, must:

- Complete the activities within the dates listed in each individual training and services plan.
- Provide the HA and HUD with information about the

family's participation in the FSS program in order to help the HA and HUD evaluate the FSS program. This could include information regarding employment, job interviews, training, educational attendance, and other FSS services and activities.

All family members must:

- o Comply with the terms of the lease.
- o If receiving welfare assistance, become independent of welfare assistance and remain independent of welfare assistance for at least 12 consecutive months before the contract expires.
- o If participating in the HCV program, the family must comply with the family obligations under the HCV program and live in the jurisdiction of the HA that enrolled the family in the FSS program at least 12 months from the effective date of this contract, unless the initial PHA has approved the family's request to move outside its jurisdiction under portability.

Corrective Actions for Failure to meet Family Responsibilities

If any member of the family does not meet his or her responsibilities under this contract, the family will not receive the money in its FSS escrow account and the HA may:

- (1) stop supportive services for the family,
- (2) terminate the family's participation in the FSS program, and
- (3) if the family is participating in the HCV program, terminate the assistance, when allowed by HUD requirements.

HA Responsibilities

- o Attempt to obtain commitments from public and private sources for supportive services for families.
- o Establish an FSS escrow account for the family, invest the escrow account funds, and give the family a report on the amount in the FSS escrow account at least once a year.
- o Determine which, if any, interim goals must be completed before any FSS escrow funds may be paid to the family; and pay a portion of the FSS escrow account to the family if the HA determines that the family has met these specific interim goals and needs the funds from the FSS escrow account to complete the contract.
- o Determine if the family has completed this contract.
- o Pay the family the amount in its FSS escrow account, if the family has completed the contract and the head of the family has provided written certification that no member of the family is receiving welfare assistance.

Completion of the Contract of Participation

Completion of the contract occurs when the HA determines that:

- (1) the family has fulfilled all of its responsibilities under the contract; or
- (2) 30 percent of the family's monthly adjusted income equals or is greater than the Fair Market Rent amount for the unit size for which the family qualifies.

Termination of the Contract of Participation

The HA may terminate this contract if:

- (1) the family and the HA agree to terminate the contract;
- (2) the HA determines that the family has not fulfilled its responsibilities under this contract;
- (3) the family withdraws from the FSS program;
- (4) an act occurs that is inconsistent with the purpose of the FSS program; or
- (5) the HA is permitted in accordance with HUD requirements.

The HA may declare this contract null and void if the resources and services necessary to complete the contract are not available.

The HA must give a notice of termination or nullification to the head of the family. The notice must state the reasons for the HA decision to terminate or nullify the contract.

If the contract is terminated or declared null and void, the family has no right to receive funds from the family's FSS escrow account. The HA must close the family's FSS escrow account and may use the funds for purposes in accordance with HUD requirements.

If the family is participating in the HCV program, the HA will terminate the contract if the family moves outside the HA's jurisdiction under portability procedures and enters the FSS program of another HA.

If the family is participating in the HCV program, this contract is automatically terminated if the family's assistance is terminated in accordance with HUD requirements.

Conflict with the Public or Indian Housing Lease

If part of this contract conflicts with the public or Indian housing lease, the lease will prevail.

Compliance with HUD Regulations and Requirements

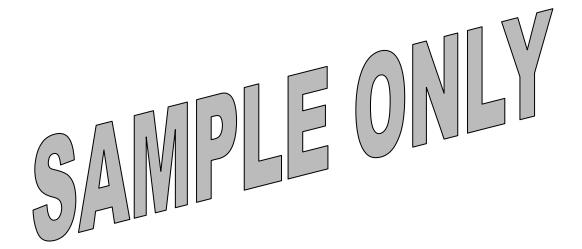
The contract of participation must be interpreted and administered in accordance with HUD regulations and requirements. Terms and figures, such as the income and rent amount on page 1, are subject to correction by the HA for compliance with HUD regulations and requirements. The HA must notify the family in writing of any adjustments made to the contract.

Family	Housing Agency
(Signature of head of family)	(Name of HA)
(Date Signed)	(Signature of HA Official)
	(Official Title)
	(Date Signed)

Family Self-Sufficiency Program Individual Training and Services Plan

Attachment	
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Activities/Services	Responsible Parties	Date/s
Date Accomplished		
Interim Goal Number		
Final Goal		
Name of Participant	Social Security Number	er



Comments

Signatures:

Family	Housing Agency
(Participant)	(Signature of HA Representative)
(Date Signed)	(Date Signed)

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